



ProEdgePOWER

with Diane Ness

Return this portion with full payment

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

List team you played for during the 09-10 season : _____

Must be completed or the application will not be processed

Traveling Players List A, B, or B1 level: _____

List any health problems:

The school directors will not be responsible for any injuries or loss of property while student is attending school. The signature on this form absolves the school of all responsibility.

Highland Elite: (May & June) Highland Mites (June) Highland Squirts (June) St. Louis Park Mites/Squirts (June)

SMALL GROUPS (Squirts/PeeWee/Bantam/JV/HS)

Highland Session 1 Highland Session 2 Highland Session 3

St. Louis Park Session 1 St. Louis Park Session 2 St. Louis Park Session 3 St. Louis Park Session 4

GIRLS U10 thru HS (July)

Session 1 Session 2

Highland Fall Mites thru HS (Fall Session)

Session 1 Session 2 Session 3

Amount Paid (Applications only accepted with full payment) _____

Parent/Guardian Signature _____

MAKE CHECKS PAYABLE TO: DIANE NESS

MAIL PAYMENT TO: Pro-Edge Power – P.O. Box 9302, N. St. Paul, MN 55109

PHONE: 651.770.7324